



CITY OF KEY WEST
PO Box 1409 (1300 White St.)
Key West, FL 33041
licensing@cityofkeywest-fl.gov

BUSINESS TAX RECEIPT APPLICATION

(Revised 11/2017)

Application Type: ☐ New BTR **Date:** _____

☐ Transfer – Change in Ownership – BTR # _____

☐ Transfer – Change in Business Address - BTR # _____

Type of Business: _____

Business Name (**attach all state registrations (corp. / LLC / DBA) – www.sunbiz.com**): _____

Business Owner: _____

Business Address (**attach copy of lease or deed**): _____

Mailing Address: _____

Email Address: _____

Contact Phone #: _____ EIN or last 4-digits of SSN: _____

Requested Permits: ☐ Mobile Service ☐ Home Occupation ☐ Sign over right-of-way

Transfers only:

☐ Ownership change – Previous Owner: _____

☐ Location change – Previous Location: _____

Additional required back-up documentation:

This Business Tax Receipt is being issued in accordance with Chapter 66, City of Key West Municipal Code. By signing below, I certify that the above information is true, complete, and correct.

Signature: _____

Notary: State of _____, County of _____

The foregoing instrument was acknowledged before me on this ____ day of ____, 20____, by

_____.

Notary signature: _____ Produced ID: _____

☐ Personally known

Office Use Only:

Licensing Rep.: _____ Date: _____ BTR #: _____